

SEPA

POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (*Preliminary Assessment*). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency, Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335), 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION				SEE ATTACHMENT A
A. SITE NAME International Paper-Camden Mill		B. STREET (or other identifier) 1944 Adams Avenue SW		
C. CITY Camden		D. STATE AR	E. ZIP CODE 71701	F. COUNTY NAME Quachita
G. OWNER/OPERATOR (if known)				
1. NAME P.E. Redfern-Mill Manager				
2. TELEPHONE NUMBER (501) 231-4321				
H. TYPE OF OWNERSHIP				
<input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input checked="" type="checkbox"/> 4. MUNICIPAL <input type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN				
I. SITE DESCRIPTION Kraft paper mill manufactures flat & extensible papers, used for grocery & multiwall sacks, wrapping papers, asphalt laminated papers, gummed tape, meat wrap & industrial file folders.				
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Notification of hazardous waste activity				K. DATE IDENTIFIED (mon, day, & yr) 11 17 80
L. PRINCIPAL STATE CONTACT				
1. NAME Vince Blubaugh, SHWD, Chief				
2. TELEPHONE NUMBER (501) 562-7444				
II. PRELIMINARY ASSESSMENT (complete this section last)				
A. APPARENT SERIOUSNESS OF PROBLEM				
<input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input checked="" type="checkbox"/> 5. UNKNOWN				
B. RECOMMENDATION				
<input type="checkbox"/> 1. NO ACTION NEEDED (no hazard)				
<input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED 2. TENTATIVELY SCHEDULED FOR:				
<input checked="" type="checkbox"/> 3. SITE INSPECTION NEEDED 3. TENTATIVELY SCHEDULED FOR:				
<input type="checkbox"/> 4. WILL BE PERFORMED BY:				
<input type="checkbox"/> 5. WILL BE PERFORMED BY:				
<input type="checkbox"/> 6. SITE INSPECTION NEEDED (low priority)				
C. PREPARED INFORMATION				
1. NAME Joplin R. Carlisle, Hazardous Waste Inspector		2. TELEPHONE NUMBER (501) 562-7444		SUPERVISOR FILE # 3 21-85
III. SITE INFORMATION				
A. SITE STATUS				
<input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if in low quantity).		<input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes).		<input type="checkbox"/> 3. OTHER (specify): <i>(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site has occurred.)</i>
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code): 2621				
C. AREA OF SITE (in acres)				
approx. 500		D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES		
1. LATITUDE (deg-min-sec)		2. LONGITUDE (deg-min-sec)		
33° 32' 48" N		92° 49' 22" W		
E. ARE THERE BUILDINGS ON THE SITE?				
<input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): production buildings				

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

Holding ponds probably contain sodium hydroxide, sodium sulfide, sodium sulphhydrate, methylmercaptan, hydrogen sulfide, sodium thiosulphate, formaldehyde, sodium carbonate, methanol, and soaps.

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD		-	-	
2. HUMAN HEALTH	X			Exposure to toxics.
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY	X			
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER	X			
8. CONTAMINATION OF SURFACE WATER	X			
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL		X	numerous	rummaging
11. CONTAMINATION OF AIR		X		
12. NOTICEABLE ODORS		X		Several noncompliance reports on file
13. CONTAMINATION OF SOIL	X			
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/Runoff/STANDING LIQUIDS	X			
17. SEWER, STORM, CHAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

A. TRANSPORTER	B. STORER	C. TREATER	D. DISPOSER
<input checked="" type="checkbox"/> 1. RAIL	<input type="checkbox"/> 11. PILE	<input type="checkbox"/> 1. FILTRATION	<input type="checkbox"/> 1. LANDFILL
<input type="checkbox"/> 12. SHIP	<input checked="" type="checkbox"/> 12. SURFACE IMPOUNDMENT	<input type="checkbox"/> 2. INCINERATION	<input checked="" type="checkbox"/> 2. LANDFARM
<input type="checkbox"/> 3. BARGE	<input type="checkbox"/> 13. DRUMS	<input type="checkbox"/> 3. VOLUME REDUCTION	<input type="checkbox"/> 3. OPEN CUMP
<input type="checkbox"/> 14. TRUCK	<input checked="" type="checkbox"/> 14. TANK ABOVE GROUND	<input type="checkbox"/> 4. RECYCLING/RECOVERY	<input checked="" type="checkbox"/> 4. SURFACE IMPOUNDMENT
<input type="checkbox"/> 15. PIPELINE	<input type="checkbox"/> 15. TANK BELOW GROUND	<input checked="" type="checkbox"/> 5. CHEM./PHYS. TREATMENT	<input type="checkbox"/> 5. MIDNIGHT DUMPING
<input type="checkbox"/> 6. OTHER (specify):	<input type="checkbox"/> 6. OTHER (specify):	<input type="checkbox"/> 6. BIOLOGICAL TREATMENT	<input type="checkbox"/> 6. INCINERATION
		<input type="checkbox"/> 7. WASTE OIL REPROCESSING	<input type="checkbox"/> 7. UNDERGROUND INJECTION
		<input type="checkbox"/> 8. SOLVENT RECOVERY	<input type="checkbox"/> 8. OTHER (specify):
		<input type="checkbox"/> 9. OTHER (specify):	

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Settleable solids have been deposited in receiving stream. Details of sludge disposal are unknown.

V. WASTE RELATED INFORMATION

A. WASTE TYPE

1. UNKNOWN 2. LIQUID 3. SOLID 4. SLUDGE 5. GAS

B. WASTE CHARACTERISTICS

1. UNKNOWN 2. CORROSIVE 3. IGNITABLE 4. RADIOACTIVE 5. HIGHLY VOLATILE
 6. TOXIC 7. REACTIVE 8. INERT 9. FLAMMABLE

10. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

NO

2. Estimate the amount(specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
X ¹ (1) PAINT, PIGMENTS	X ¹ (1) OILY WASTES	X ¹ (1) HALOGENATED SOLVENTS	X ¹ (1) ACIDS	X ¹ (1) FLYASH	X ¹ (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER(specify):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER(specify):	(3) CAUSTICS	(3) MILLINGS/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER(specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER(specify):
			(6) CYANIDE	(6) OTHER(specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER(specify)		

Continued From Front

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> 1. NPDES PERMIT | <input type="checkbox"/> 2. SPCC PLAN | <input checked="" type="checkbox"/> 3. STATE PERMIT (specify): Water-1377-WR1; Air-78-AR2 (PSD) 725-A |
| <input checked="" type="checkbox"/> 4. AIR PERMITS | <input type="checkbox"/> 5. LOCAL PERMIT | <input type="checkbox"/> 6. RCRA TRANSPORTER |
| <input type="checkbox"/> 7. PCPA STORER | <input type="checkbox"/> 8. RCRA TREATER | <input type="checkbox"/> 9. RCRA DISPOSER |

X 10. OTHER (specify): EPA ID# ARD 047338454

B. IN COMPLIANCE?

1. YES 2. NO 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): _____

VIII. PAST REGULATORY ACTIONS

- A. NONE B. YES (summarize below)

(X. INSPECTION ACTIVITY (past or on-going))

- A. NONE B. YES (complete items 1,2,3, & 4 below)

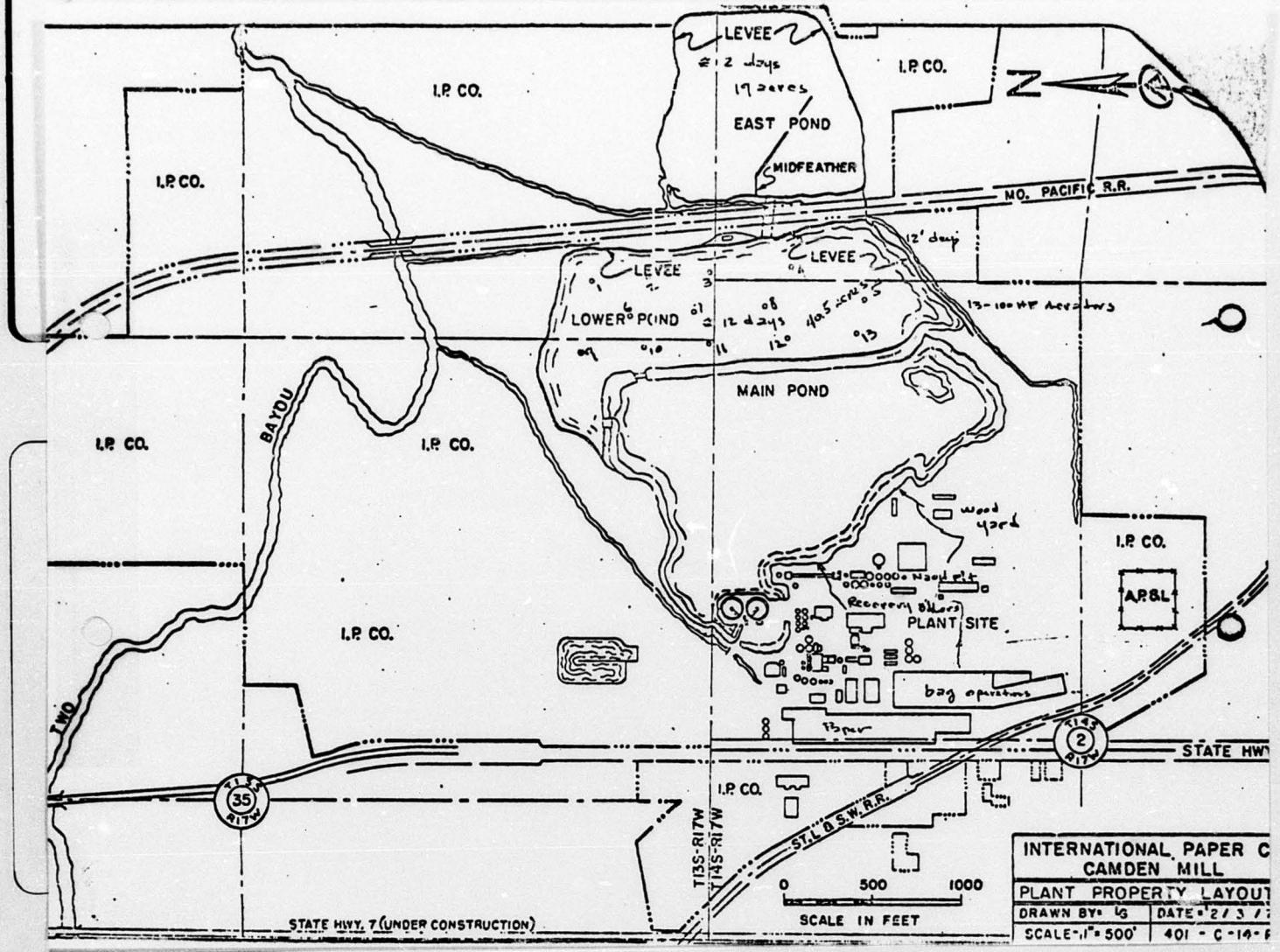
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
RCRA Interim Status Standards	3/10/82	State	Exempt from regulation
SIP (Air)	8/05/82	State	Out of compliance (ESP malfunction)
SIP (Air)	3/82	State	In compliance

(X. REMEDIAL ACTIVITY (past or on-going))

- A. NONE B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.



**INTERNATIONAL PAPER C
CAMDEN MILL**
PLANT PROPERTY LAYOUT
 DRAWN BY: G DATE: 2/3/19
 SCALE: 1" = 500' 401 - C-19-F

ATTACHMENT A

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT SUPPLEMENTAL SHEET

Instruction - This sheet is provided to give additional information in explanation of a question on the form T2070-3.

Corresponding number on form	Additional Remark and/or Explanation
I 6.	Corporate address: International Paper Co. 77 W. 45th St. New York, NY 10036 212-536-7009
J.	Russell Delezen, Ron Jones - Environmental Services (501) 231-4321. The facility was a protective notifier. IP amended their notification in December, 1980 (see attached).
IX.	Numerous NPDES violations - 1/7/84, 1/8/84 pH 1/19 - 1/23/84 BOD NPDES CEI Inspection 11/7/78 by EPA Region VI's Ada Branch (Frank Mayhew) in compliance.